

Recipient Committee

(Government Code Sections 84101-84103)

File original and one copy of this form with:

Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

Date Stamp

CALIFORNIA 410
1993 FORM

For Official Use Only

JUN - 1993

REGISTRAR OF VOTERS
SANTA JOAQUIN COUNTY

Amendment

☐ Check box if an Amendment
and enter I.D. number:

JENNIFER H. PERRON

And, if applicable, file one copy of this form with:
The city or county officer, if any, who receives the
committee's original campaign disclosure
statements.

MAY 24 1993

PM 5-19-93

Type or Print in Ink

SEE INSTRUCTIONS ON REVERSE

I Committee Information

Date Qualified as

Committee: (Month, Day, Year) ☒ Check box if not yet qualified

NAME OF COMMITTEE:

R.U.F.F. Residents United for Fairness

ADDRESS OF COMMITTEE: (NOT P.O. BOX) NO. AND STREET

1101 Junewood Drive

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

Lodi CA 95242 209-331-3163

COUNTY OF DOMICILE: COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE:

San Joaquin

MAILING ADDRESS: (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

II Treasurer and Other Principal Officers

NAME OF TREASURER:

Penelope Mattos (Penny)

MAILING ADDRESS:

944 S. Stockton St.

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi CA 95240 209-368-2269

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S):

Tom Presler (vice president)

MAILING ADDRESS:

530 Calaveras St.

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi CA 95240 209-333-0700

Attach additional information on appropriately labeled continuation
sheets.

III Disposition of Surplus Funds You must specify what disposition will be made of leftover campaign funds, if any, at termination.

IV Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I
certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 5-19-93 At 944 S. Stockton St.

By Penelope Mattos
SIGNATURE OF TREASURER

Executed on 5-19-93 At 530 Calaveras St.

By Tom Presler
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on DATE At CITY AND STATE

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on DATE At CITY AND STATE

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT

State of California Fair Political Practices Commission

Recipient Committee

Type or Print in Ink

NAME OF COMMITTEE:

N.U.F.E. Residents United For Fairness

V Type of Committee Completing This Statement:

COMPLETE THE APPLICABLE SECTION(S) MORE THAN ONE CATEGORY MAY BE APPLICABLE TO YOUR COMMITTEE SEE REVERSE FOR IMPORTANT INFORMATION AND DEFINITIONS OF THE COMMITTEES LISTED BELOW.

Controlled Committee

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent/COMMITTEE

PARTY

ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)

N/A

Primarily Formed Committee

If primarily formed to support or oppose specific candidates or measures, list the candidates or measures below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT OPPOSE

N/A

SUPPORT OPPOSE

General Purpose Committee

If not formed to support or oppose specific candidates or measures, check ONE box to indicate if this is a: ☒ CITY Committee or ☐ COUNTY Committee or ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY recall 3 City Councilmen - Randy Snider Phillip Penning Jack Siegluck

Sponsored Committee

Provide the name and address of the sponsor. If the committee has more than one sponsor, provide names and addresses on appropriately labeled attachment

NAME OF SPONSOR:

N/A

INDUSTRY GROUP OR AFFILIATION OF SPONSOR:

ADDRESS OF SPONSOR: NO. AND STREET

CITY

STATE

ZIP CODE

Broad Based Committee

If this is a broad based committee and wishes to make contributions to candidates in excess of the \$2,500 contribution limit in connection with a special election, check the box below and enter the date on or before which the committee qualified as a broad based committee. (If the committee is not a broad based committee, or does not wish to make contributions in excess of the \$2,500 limit, do not complete this section.)

☐ Check box if this is a broad based committee. Enter the date on or before which the committee qualified as a broad based committee:

(Month, Day, Year)

☐ Check box if this committee no longer qualifies as a broad based committee.